	Site Name EPA ID (e.g.ILD000000000) Party Name	Chemical Recovery Lystems		
=	Contact Name			US EPA RECORDS CENTER REGION 5
	Address		,	
		····		462470
•				
K V	Phone #1		Phone #2	
ī	Fax #		Internet (address)	
	Role* (choose one from bottom) Comments			
	Comments			
<u></u>				
	Contact Name			
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	<b>₫</b>			<del></del>
	Phone #1		Phone #2	
	Fax # Role* (choose one from bottom)		Internet (address)	
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	Contact Name			
	Address		_ <del></del>	
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	Phone #1		Phone #2	
	Fax #		Internet (address)	
	Role* (choose one from bottom) Comments	<u> </u>		
	•			
* A	vailable Roles:	,		
<ul> <li>Executor</li> </ul>		<ul><li>PRP Contractor</li><li>PRP Parent Company</li></ul>	<ul><li>PRP Trustee</li><li>Technical Workgr</li></ul>	oun Contact Person
	<ul><li>Mortgage Holder</li><li>PRP Attorney</li></ul>	<ul><li>PRP Parent Company</li><li>PRP Subsidiary</li></ul>	• reclinical workgr	oup Contact FCISON
	<ul> <li>PRP Contact</li> </ul>	<ul> <li>PRP Successor</li> </ul>	·	

Draft 3/15/2001

Enforcement Specialist/Date\_\_\_\_\_

## **U.S. Postal Service** CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) S **\_** <u></u> Postage 屷 \_ Certified Fee 7 Return Receipt Fee 9000 (Endorsement Required) 209 71 00 Restricted Delivery Fee (Endorsement Required) 밉 Total Postage & Fees 8 Sent To Imaging Systems Corp. 7007 Street, Apt. No. c/o Pelikan, Inc. or PO Box No. 3011 Armory Dr. Suite 190 City, State, ZIP: Nashville, TN 37204 PS Form 3800.

## **Certified Mail Provides:**

- A mailing receipt
- A unique identifier for vour mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

## Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mix
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail.
- ▼ For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for
  - a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
     For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
  - If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

## IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, January 2001 (Reverse)

102595-01-M-1049

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to trie back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addresses  If YES, lenter delivery address below:  JUN 1 5 2004			
Imaging Systems Corp. c/o Pelikan, Inc. 3011 Armory Dr. Suite 190				
Nashville, TN 37204	3. Service Type  Certified Mail			
2. Article Number (Transfer from service label) .7001 035	10 0006 1450 5495			
PS Form 3811, March 2001 Domestic Return Receipt 1025				

